



## IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSOURI

Judge or Division:	Case Number:	
	Court ORI Number:	
Petitioner: Petitioner's DOB:  Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____ vs.	Respondent's Home Address:  Home Phone Number:	(Date File Stamp)
Respondent:  Alias/Nicknames:	Respondent's Work Address:  Work Phone Number: Work Hours:	
Respondent's DOB: SSN: Race: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M Skin/Complexion: _____ Age: _____ Hair Color: _____ Height: _____ Eye Color: _____ Weight: _____ Hair Length/Style: _____ (Identifying Information for use by Law Enforcement)	Other Locations Where Respondent May Be Served:  Petitioner's Relationship to Respondent: <input type="checkbox"/> Spouse <input type="checkbox"/> Unmarried with Child(ren) in Common <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Unmarried, Intimate Residing/Resided Together <input type="checkbox"/> Related by Blood/Marriage <input type="checkbox"/> Other (specify) _____	
Visible Identifying Marks(e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses) _____		

**Adult Abuse/Stalking Affidavit of Foreign Order of Protection**

I am filing my foreign order of protection as permitted by Section 455.067 RSMo.

☐ A certified copy of the foreign order of protection is attached. The order is a true and accurate copy and has not been altered.

Subsequent orders affecting foreign order of protection (if any): (Describe below; e.g. divorce order, extension of original protection order, etc.)

\_\_\_\_\_

\_\_\_\_\_  
Date of Order

\_\_\_\_\_

\_\_\_\_\_  
Date of Order

\_\_\_\_\_

\_\_\_\_\_  
Date of Order

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

**NOTICE:** Section 455.030.3 RSMo provides that a Petitioner seeking protection under the Adult Abuse Act is not required to reveal any current address or place of residence on this motion. **Do not provide this information if doing so will endanger you.**

\_\_\_\_\_  
Address (Optional)

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone